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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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1. NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FÉ4M5	2
COMNITTES	TO L	LECT V	ANCE MCAL	-ISTER	
<u> </u>	<u></u>		<u> </u>		
ADDRESS (number and street)	سنسنسا		<u> </u>		السلسلسلسلس
(Check if address is changed)	2460 HIBHWAY 594				
•	MOI	YROE		LA 7/	203-
		ITY ▲		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS				
(Check if address is changed)	VOT	EEVANO	EMCALLIST	ER, CDM	: : : : : : : .
is changed)	Optional	Second E-Mail Ad	dress		
	DAV	LI DEMCA	LLISTER, C.	2.7	النسلسلسلسلسا
COMMITTEE'S WEB PAGE AD	DRESS (U	RL)			
(Check if address is changed)	WW	U.MCALL	ISTERFORCE	ONGRESS	COM
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2. DATE 09 /	òó	10/3			
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3. FEC IDENTIFICATION N	UMBER	C			
<u> </u>	**/				
4. IS THIS STATEMENT	NEW	/ (N) OR	AMENDED (A)		
I certify that I have examined	this Statern	ent and to the best	of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of Treasur	m	ARTY W.	FRENCH		
type or Print Name of Treasur	ar ///)	7 7 0 3 0 1		
Signature of Treasurer	Tail	Sera		Date 09	10 2013
NOTE: Submission of false, error		· ·	may subject the person signing	.	penalties of 2 U.S.C. §437g.
Office			For further information		FEC FORM 1
Use Only			Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100	ssion	(Revised 06/2012)